

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	10					
8	10					
9	10					
10	10					
11	10					
12	10					
13	1					
14	1					
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TOTAL IND.	2					
TOTAL DEP.	114					
TOTAL CLAIMS	116					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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